

NOTICE OF APPEAL FROM THE EXAMINER TO THE BOARD OF PATENT APPEALS AND INTERFERENCES		Docket Number (Optional) SCH-1985
	In re Application of Bernhard LINDENTHAL et al.	
	Application Number 10/606,289	Filed June 26, 2003
	For METHOD FOR FERTILITY CONTROL	
	Group Art Unit 1617	Examiner San Ming R. Hui
	<p>Applicant hereby appeals to the Board of Patent Appeals and Interferences from the decision of the examiner dated, <u>December 12, 2007</u>, rejecting the following claims: <u>1-18</u>.</p> <p>The fee for this Notice of Appeal is (37 CFR 1.17(b)) \$ <u>510.00</u>.</p> <p><input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27. Therefore, the fee shown above is reduced by half, and the resulting fee is: \$ _____.</p> <p><input type="checkbox"/> A check in the amount of the fee is enclosed.</p> <p><input checked="" type="checkbox"/> Payment by credit card via EFS.</p> <p><input type="checkbox"/> The Commissioner has already been authorized to charge fees in this application to a Deposit Account. I have enclosed a duplicate copy of this sheet.</p> <p><input checked="" type="checkbox"/> The Commissioner is hereby authorized to charge any fees which may be required, or credit any overpayment to Deposit Account No. <u>13-3402</u>. I have enclosed a duplicate copy of this sheet.</p> <p><input type="checkbox"/> A petition for an extension of time under 37 CFR 1.136(a) (PTO/SB/22) is enclosed.</p> <p>WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.</p> <p>I am the /Anthony J. Zelano/</p> <p><input type="checkbox"/> applicant/inventor. Signature</p> <p><input type="checkbox"/> assignee of record of the entire interest. See 37 CFR 3.71.</p> <p style="padding-left: 40px;">Statement under 37 CFR 3.73(b) is enclosed.</p> <p><input checked="" type="checkbox"/> attorney or agent of record. Anthony J. Zelano, Reg. No. 27,969</p> <p><input type="checkbox"/> attorney or agent acting under 37 CFR 1.34(a). Typed or printed name</p> <p style="padding-left: 40px;">Registration number if acting under 37 CFR 1.34(a). _____.</p> <p style="text-align: right; padding-right: 100px;">June 12, 2008</p> <p style="text-align: right; padding-right: 100px;">Date</p> <p>NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*.</p> <p><input type="checkbox"/> *Total of _____ forms are submitted.</p>	